## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000047897 (8)

FILED Jan 29 1998 8:00am Secretary of State

1.	RAFCO	SERVICES	, INC.		001 (0)						
Pri	ncipal Plac	e of Business		Mailin	g Address			<del></del>	- 1	#1011 100#1 1011 <b>2</b> 10	
212 85TH STREET 212 85TH STREET HOLMES BEACH FL 34217 HOLMES BEACH FL 34217									DO NOT WRITE IN TH	IIS SPACE	
									3. Date Incorporated or Qualified	IIO OI ACE	
									05/27/1997		
2.	Principal P	ncipal Place of Business			2a. Mailing Address				4. FEI Number		pplied For
21					26				65-0785100	<b>⊢</b>	ot Applicable
	Suite, Apt. #, etc.				Suite, Apt. #, etc.						Additional
22				27	27				5. Certificate of Status Desired	* - · · ·	equired
	City & State			Cit	City & State				6. Election Campaign Financing	\$5.00	May Be
23				28	······································				Trust Fund Contribution		to Fees
	Zip	Country			Zip Country				8. This corporation owes or has paid the current year Intappible		
24		25 29 30				30	Personal Property Tax due June 30. 🔲 Yes 🔟 No				
			d Address of Curr	ent Registere	d Agent		ند اما		10. Name and Address of New Register	ed Agent	
PUSCO, RATMOND A							Na Na	ame			
	212 85TH STREET						Str	reet Addre	ss (P.O. Box Number is Not Acceptable)		
	HOLMES BEACH FL 34217										
							3				
						8	4 Cit	ty		- 85 Zip	Code
							Ш			<u>'L</u>	
11.	<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida, Such change was authorized his</li> </ol>								ration submits this statement for the purpos	e of changing it	ts registered
office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										Appointment do	, rogiotorea
SIG	NATURE										
						TE: Registered A	lgent sign	nature required	ADDITIONS/CHANGES TO OFFICERS A		20 11/10
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TITL					DELETE	3.1 TITLE				Change	Addition
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ÇITY	-ST-ZIP					5.4 CITY	-ST-ZIP				
TITU					DELETE	6.1 TITLE				Change	Addition
NAM	E					6.2 NAM	E	ł			}
STRE	ET ADDRESS					6.3 STRE	ET ADDRI	ESS			
CITY	-ST-ZIP					6.4 CITY	-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sand R Sur

1/19/98

R2E034 (10/97)